

EXHIBIT K

		CORRECTION DEPARTMENT CITY OF NEW YORK		Form: ARC 239M Rev.: 09/14 Ref.: Dir. #4100R-D						
ARRAIGNMENT AND CLASSIFICATION RISK SCREENING FORM										
Inmate's Last Name: <u>ROSS</u>		First Name: <u>ANTOINE</u>		M.I.: <u>[REDACTED]</u>						
[REDACTED]		I.C.E. #: <u>[REDACTED]</u>		Green Card (If yes, indicate #): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		CMC: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CMC #:				
Commitment Received From Court: <u>22, JAN, 2016</u> HRS		NYCDOC physical custody date/time: <u>22, JAN, 2016 1107</u> HRS		Destination Facility: <u>VCPB</u>						
ALIASES:	Last Name		First Name		Separation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
					OSIU #:					
					Red ID: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Do you have immediate medical needs? (if yes, specify) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Does Securing Order/Commitment Papers indicate medical/mental health attention requested? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
Do you have any of the following symptoms?: Fever - Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Cough - Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sore Throat - Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
If "Yes" to any of the above symptoms, refer the inmate directly to medical services										
Physical condition as stated by inmate: <u>STATED "Alright"</u>				Officer's observation, include any obvious indication of immediate medical needs or any display of extreme nervousness or depression, etc.: <u>APPEARS OK</u>						
Look for signs of the following (Check when applicable): <input type="checkbox"/> Dilated Pupils <input checked="" type="checkbox"/> Tattoos <input type="checkbox"/> Signs of trauma (severe bruises or blood on clothing) <input type="checkbox"/> Needle Tracks <input type="checkbox"/> Puncture Marks <input type="checkbox"/> Body Deformities (Missing Limbs) <input type="checkbox"/> Staggering <input type="checkbox"/> Scars (from attempted suicides) <input type="checkbox"/> Other (Specify) _____										
Are you disabled? (If Yes, specify) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Are you requesting a reasonable accommodation? (If Yes, specify) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
DESCRIPTION OF CLOTHING (INCLUDING MULTIPLE ITEMS)										
ITEMS	YES	NO	COLOR	REMARKS	ITEMS	YES	NO	COLOR	REMARKS	
PANTS	<input checked="" type="checkbox"/>		<u>Blue</u>		COAT/JACKET	<input checked="" type="checkbox"/>		<u>Blue</u>		
SHIRT/BLOUSE	<input checked="" type="checkbox"/>		<u>Purple</u>		SHOESTRINGS	<input checked="" type="checkbox"/>		<u>Blk</u>		
DRESS/SKIRT					HAT		<input checked="" type="checkbox"/>			
BELT	<input checked="" type="checkbox"/>		<u>Green</u>		SCARF		<input checked="" type="checkbox"/>			
SHOES					GLOVES		<input checked="" type="checkbox"/>			
SNEAKERS	<input checked="" type="checkbox"/>		<u>Bur</u>		FACIAL JEWELRY		<input checked="" type="checkbox"/>			
Inmate's signature upon admission: <u>[Signature]</u>					Surrendering Officer's signature: <u>[Signature]</u>			Date: <u>1/22/16</u>		
Arrest date: <u>1/22/16</u>		Arrest Number: <u>[REDACTED]</u>			Arraignment Date: <u>1/22/16</u>					
CLOSEST PERSON TO CONTACT IN CASE OF EMERGENCY										
Last Name: _____			First Name: _____			Phone number: _____		Relationship: _____		
Street Address: _____			Apt. #: _____		City: _____		State: _____		Zip code: _____	
English speaking: (If No, what language) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					Level of Education: <u>10TH</u>		Social Security #: _____			
Occupational skills: (If Yes, specify) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					Served in the military: (If Yes, indicate branch, unit and special skills) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Is this the first time you have been held in jail or custody? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Conflict <input type="checkbox"/>					Do you know of any reason why you may be at risk or need special security or protection from the General Inmate Population? Such as: - Having been assaulted, harassed, or coerced, sexually or otherwise, while in custody or during prior jail time? - Having been perceived as being gay, or transgender, a cross dresser, or visibly feminine (if housed in male population)? - Or any other reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Conflict <input type="checkbox"/>					
Are you now or have you ever been a law enforcement agent, police informant, political or public figure or member of a criminal or terrorist organization? (If Yes, specify) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Conflict <input type="checkbox"/>					<div style="font-size: 48px; font-weight: bold;">X</div>					
I have been advised to answer all the questions in Section "E" accurately for my own well being and have responded as stated above. Inmate's Signature: <u>[Signature]</u> Date: <u>1/22/16</u>										

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ARRAIGNMENT AND CLASSIFICATION RISK SCREENING FORM			
F	1. Do any documents indicate Suicide Watch and/or Protective Custody? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, authorization _____		
	2. Do you know of any other reason this inmate should be considered for special housing? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, specify _____		
	3. Complete for all State inmates, from N.Y.S. Custodial Transfer Form: Maximum - A <input type="checkbox"/> Maximum - B <input type="checkbox"/> Medium - A <input type="checkbox"/> Medium - B <input type="checkbox"/> Minimum <input type="checkbox"/> If there is a "Yes," "Conflict," or "Maximum - A" response checked in Sections "E" or "F," print the name, rank and shield number of the supervisor notified: Name _____ Rank _____ Shield # _____		
G	Check off any of the charges listed below if indicated by the accompanying commitment papers as a current or prior charge (including attempts). In all cases where the charge against the inmate is 125.27 a mental health referral (clearly indicating the capital offense) will be filled out and submitted by the Intake Supervisor to the New Admission Intake Physician.		Number of Warrant(s) <u>0</u>
	<input type="checkbox"/> 105.17 - Conspiracy 1ST <input type="checkbox"/> 200.45 - Bribe Public Official <input type="checkbox"/> 240.06 - Riot 1ST <input type="checkbox"/> 125.27 - Murder 1ST <input type="checkbox"/> 205.05 - Escape 3RD <input type="checkbox"/> 263.10 - Promote Obscene Sex Performance W/Child <input type="checkbox"/> 130.35 - Rape 1ST <input type="checkbox"/> 205.10 - Escape 2ND <input type="checkbox"/> 263.15 - Promoting Sex Performance W/Child <input type="checkbox"/> 200.04 - Bribery 1ST <input type="checkbox"/> 205.15 - Escape 1ST <input type="checkbox"/> 120.11 - Aggravated Assault/Police/Peace Officer		Is Surety exam noted on the inmate's Securing Order? <u>None</u>
	Name of Supervisor Notified if Any Charge Box(es) Above is Checked: _____ Rank: _____ Shield #: _____		
To be completed by the screening officer. An individual shall be considered a "Street Gang Member" when they meet any of the following gang member identification criteria: * Admits membership* * Law enforcement or informant identifies individual as a gang member* * Individual is wearing gang clothing and/or symbols identifying with a specific gang* * Inmate has revealing tattoo(s) or marking(s) which may identify him/her as a member of a street gang (Describe in remarks section)* * Nature of arrest is indicated as street gang related activity or related incident* 1. Are you a member of or have you ever been a member of any street gang, cult, tribe, family group, or organization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2. Have you ever been affiliated with any street gang, cult, tribe, family group, or organization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 3. Do you have any members of your family affiliated with any street gang, cult, tribe, family group, or organization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 4. Do you know of anyone who is a member of any street gang, cult, tribe, family group, or organization who is incarcerated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 5. Do you have any knowledge of any street gang, or jail gang activity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 6. Do you have any other names [alias(es)] and/or nicknames that you are known by? (If Yes, list) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> * Use remarks section below to answer any "Yes" responses to questions listed above. Remarks: _____ Date: <u>1/22/16</u>			
RECEIVING FACILITY SUPERVISOR			
J	1. Does this inmate meet any one of the gang affiliation identification criteria? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	2. Has a Security Risk Group (SRG) card been initiated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	3. Is Protective Custody, Suicide Watch or a psychiatric examination (730) indicated on the commitment papers? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
K	4. Does the inmate have any obvious physical injuries or exhibit signs of mental instability? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	5. Has medical staff cleared this inmate for housing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	6. Does the inmate require special housing? (If Yes, specify type) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
L	7. Is the housing designation assigned against the inmate's will? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	8. Has the inmate been issued a notice report of right to due process form. (Whether the housing placement is voluntary or involuntary, the inmate must be issued a Notice of Right to Due Process Form.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	9. If inmate is disabled (as indicated in Section B of this form) was Counseling Unit notified? Yes <input type="checkbox"/> No <input type="checkbox"/> If notified, specify date/time of notification and name of Counselor: Date: _____ Time: _____ Name: _____ If not notified, information identifying disabled inmate must be forwarded to Counseling Unit on Form 3802D. Receiving Facility Supervisor's Initials: _____		
M	Has the inmate been permitted the opportunity to make a free phone call? (If Yes, indicate) Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Time: _____ Number Dialed: _____		
	The inmate's classification custody level is: Minimum <input type="checkbox"/> Medium <input type="checkbox"/> Maximum <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/>		
	Signatures Inmate's signature: <u>X [Signature]</u> Date _____ Time _____ Receiving facility supervisor's signature: _____ Inmate's signature upon discharge from court facility: <u>X [Signature]</u> Court facility supervisor's signature upon discharge: _____		